

ATTORNEY OR PARTY WITHOUT ATTORNEY (<i>Name and Address</i>): ATTORNEY FOR (<i>Name</i>): SUPERIOR COURT OF CALIFORNIA, COUNTY OF STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:	TELEPHONE NO.:	FOR COURT USE ONLY
PETITIONER/PLAINTIFF: RESPONDENT/DEFENDANT:		
RESPONSE TO GOVERNMENTAL NOTICE OF MOTION OR ORDER TO SHOW CAUSE		
HEARING DATE:	TIME:	DEPT., ROOM, OR DIVISION:
CASE NUMBER:		

1. ☐ **PARENTAGE**
 I ☐ do ☐ do not admit that I am the parent of all of the children.
☐ I admit that I am the parent of all of the children except (*specify*):
2. ☐ **CHILD SUPPORT**
 a. ☐ I consent to the order requested. b. ☐ I request the following child support order:
3. ☐ **HEALTH INSURANCE COVERAGE and
HEALTH INSURANCE COVERAGE ASSIGNMENT**
 a. ☐ I consent to the order requested. b. ☐ I request the following health insurance coverage order:
4. ☐ **FEES AND COSTS**
 I ☐ do ☐ do not consent to the order requested.
5. ☐ **OTHER REQUESTS**
 I ☐ do ☐ do not consent to the orders requested in item 5 of the request.
6. ☐ **FACTS IN SUPPORT** of this request are:
☐ contained in an attached Declaration.

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date:

.....

(TYPE OR PRINT NAME)

(SIGNATURE OF DECLARANT)

(See reverse for Proof of Service by Mail)

PETITIONER/PLAINTIFF:	CASE NUMBER:
RESPONDENT/DEFENDANT:	

PROOF OF SERVICE BY MAIL

1. I am over the age of 18, not a party to this cause, and a resident of or employed in the county where the mailing took place.
2. My residence or business address is *(specify)*:

3. I served a copy of this motion by enclosing it in a sealed envelope with postage fully prepaid and depositing it in the United States mail as follows:
 - (1) Date of deposit:
 - (2) Place of deposit *(city and state)*:
 - (3) Addressed as follows:

4. I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date:

.....
(TYPE OR PRINT NAME)



(SIGNATURE OF DECLARANT)